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29391

7590

10/30/2003

**BEUSSE BROWNLEE WOLTER MORA & MAIRE, P. A.**  
**390 NORTH ORANGE AVENUE**  
**SUITE 2500**  
**ORLANDO, FL 32801**

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Shirley Goff	(Depositor's name)
<i>Shirley Goff</i>	(Signature)
January 16, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/038,352	01/02/2002	Kurt G. Steiner	47071/MJM/A717	7046

TITLE OF INVENTION: STRUCTURE AND METHOD FOR ISOLATING POROUS LOW-K DIELECTRIC FILMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/30/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
NGUYEN, HA T	2812	257-637000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 James H. Beusse
- 2 Beusse Brownlee
- 3 Wolter Mora & Maire,  
P.A.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Agere Systems, Inc.

Allentown, PA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 1☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

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James H. Beusse

(Authorized Signature)

(Date)

1-16-2004

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01/23/2004 HMEKONE1 00000066 10038352

01 FC:1501

02 FC:1504

03 FC:8001

1330.00 OP

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